

MEMBERSHIP UPGRADE FORM



CONTACT INFORMATION

Title First Name Last Name Credentials Suffix

Mailing Address

City State Zip Code

Email Address Home Phone Mobile*

PROFESSIONAL INFORMATION

Professional Title

Employer Address

Employer City Employer State Employer Zip Code

Country

MEMBERSHIP TYPE

- Full Membership** **\$216**
Nurses and other interested parties, receiving all member benefits, RNs may vote, hold office, and serve on committees.

Note: Only Full Members who are RNs have voting privileges.

Are you an RN? Yes No

*I'd like to receive member updates via text message

- All active duty military personnel will be assigned to the AWHONN Armed Forces section. Those with other affiliations with the armed services may also join.

Hospital

Employer Area Code & Phone

Employer Fax

Member Referral

Referring Member Name _____

Referring Member ID# _____

PAYMENT (choose one)

Annual Dues Payment*: Charged once per year.

- My check for \$_____ is enclosed, made payable to AWHONN
 Charge my credit/debit card the full dues amount now:
 \$216 Full Member OR \$384 Full 2-Year Member

Monthly Dues Payment*: Credit/debit card is charged monthly. Monthly payment option is not available for two-year memberships.

- Full Member \$19 per month

*I authorize AWHONN to continue to charge my credit/debit card for my full or monthly pay dues (and voluntary contributions, if applicable) from year to year until such time I notify AWHONN by telephone at 800/673-8499, or in writing at customerservice@awhonn.org or AWHONN, Attn: Customer Service Department, 1800 M St, NW, Suite 740S, Washington, DC 20036 to cancel the automatic renewal. I understand that if I do not meet my dues payment obligation to AWHONN, my membership will be cancelled.

Card Type: VISA MASTERCARD AMERICAN EXPRESS

Card Number Expiration

Cardholder's Name Signature Phone Number

BILLING ADDRESS: Same as mailing address above

First Name Last Name Credentials

Mailing Address City State Zip

DONATION (choose one)

- Add a one-time donation of \$50 \$100 Other \$_____ to AWHONN's Every Woman, Every Baby campaign to promote breastfeeding, full-term pregnancies, and women's health at every age.
 Add a recurring donation of \$20 \$30 \$50 Other \$_____ per month to AWHONN's Every Woman, Every Baby campaign to promote breastfeeding, full-term pregnancies, and women's health at every age.

Need assistance? CALL: 800-354-2268 (US) 800-245-0231 (CANADA) MAIL APPLICATION TO: AWHONN, Dept 4015, Washington, DC 20042-4015

Membership is for one year from the date dues are received. Membership dues are nonrefundable.